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ATLANTA, GEORGIA 30309-3918  
478-420-9300  
NEEDLEROSENBERG.COM

**DATE** December 1, 2005  
**NAME** Examiner King Y. Poon, Art Unit 2624  
**COMPANY** USPTO  
**FAX NUMBER** (571) 273-8300

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**FROM** Jason S. Jackson, Esquire  
**REFERENCE NO.** Serial No. 09/813,681 (12016.0042U1)  
**OUR FAX NUMBER** 678-420-9301  
**NUMBER OF PAGES** 13

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Please see attached:

1. Transmittal Letter (2 pp);
2. Request for 2-Month Extension of Time (2 pp);
3. Response to Office Action dated July 1, 2005 (7 pp);
4. PTO Form 2038 in the amount of \$450.00.

**CONFIDENTIALITY NOTE**

*The information which follows and is transmitted herewith is attorney privileged, trade secret and confidential information intended only for viewing and use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any review, use, communication, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address.*

DEC 01 2005

ATTORNEY DOCKET NO. 12016.0042U1  
PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of	)	
	)	
Heather Laudan Clark, <i>et al.</i>	)	Art Unit: 2624
	)	
Application No. 09/813,681	)	Examiner: Poon, King Y.
	)	
Filing Date: March 21, 2001	)	Confirmation No. 3454
	)	
For: "METHOD AND SYSTEM FOR RECEIVING	)	
AND PROCESSING MULTIPLE COMPRESSED	)	
DATA STREAMS"	)	

**TRANSMITTAL LETTER**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

November 30, 2005

Sir:

Transmitted herewith is/are the following in the above-identified application:

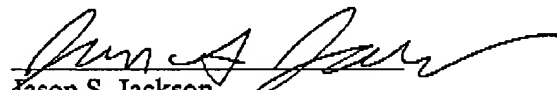
- |   |  |
|---|--|
| <input type="checkbox"/> Preliminary Amendment              | <input type="checkbox"/> Petition to Extend Time   |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration  |
| <input type="checkbox"/> No Additional Fee Required         | <input type="checkbox"/> Terminal Disclaimer   |
| <input type="checkbox"/> Corrected Drawings                 | <input checked="" type="checkbox"/> Other <u>Response to Office Action</u><br>dated July 1, 2005 |

CLAIMS AS AMENDED							
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	25		32			X \$50.00	\$0.00
Independent Claims	6		6			X \$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim						+ \$360.00	\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input type="checkbox"/>	2 <sup>nd</sup> Month \$450 <input checked="" type="checkbox"/>	3 <sup>rd</sup> Month \$1020 <input type="checkbox"/>	4 <sup>th</sup> Month \$1590 <input type="checkbox"/>	5 <sup>th</sup> Month \$2160 <input type="checkbox"/>		\$450.00
<input type="checkbox"/> Reduction by 1/4 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$0.00
TOTAL FEE DUE							\$450.00

**ATTORNEY DOCKET NO. 12016.0042U1  
APPLICATION NO. 09/813,681****Payment:**

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Payment by credit card in the amount of \$450.00 for the fees designated below. (Form PTO-2038 enclosed).  
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE &amp; ROSENBERG, P.C.

  
Jason S. Jackson  
Registration No. 56,733NEEDLE & ROSENBERG, P.C.  
Customer Number 23859  
(678) 420-9300  
(678) 420-9301 (fax)**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. § 1.8**I hereby certify that this correspondence, including any items indicated as attached or included, is being transmitted via facsimile transmission to:  
Examiner KJing Y. Poon, Art Unit 2624, (571) 273-8300, on the date indicated below.  
Jason S. Jackson11/30/2005  
Date